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Fill	in this information to identify your ca	ase:			7	14					
Del	otor 1 Leon Primal	C									
	Debtor 2 Lyudmila Primak Spouse, if filing)										
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVAN	IA							
Cas	se number 19-14724				Check if this is:						
(If known)			-		An amended filing						
								ving postpetition o e following date:	chapter		
0	fficial Form 106I					MM / DD/ Y	YYY				
S	chedule I: Your Inc	ome							12/15		
atta	use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment										
1.	Fill in your employment information.	Debtor 1		Debtor 2 or non-filing spouse							
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed		■ Employed						
		Employment status	☐ Not employed		☐ Not employed						
		Occupation	Home Care Ai	d		Home Care Aid					
	Include part-time, seasonal, or self-employed work.	Employer's name	Prestige Home	gen	10890 Bustleton Avenue Philadelphia, PA 19111						
	Occupation may include student or homemaker, if it applies.	Employer's address	10890 Bustlete Philadelphia, I								
		How long employed there? 2yrs				4 yrs					
Par	t 2: Give Details About Mor	thly Income									
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to	report for	any	ine, write \$0 in the	space.	Include your non-	filing		
	u or your non-filing spouse have mo e space, attach a separate sheet to		embine the informat	ion for all	empl	oyers for that perso	n on the	e lines below. If yo	ou need		
					For Debtor 1	For Debtor 2 or non-filing spouse					
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,011.00	\$	3,661.00			
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$_	0.00			
a ·	Coloulate avece lesses. Add it	0 / 1 - 0		2			_				

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Debto Debto					Case number (if known)			_	19-14724			
					Fo	or Debtor 1			For Debtor			
	Cop	by line 4 here	4.	ř	\$_	2,011	1.00		\$ 3	,661.00	<u>)</u>	
5. I	List	all payroll deductions:										
;	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	388	5.00)	\$	807.00)	
	5b.	Mandatory contributions for retirement plans	5h	b.	\$	(0.00)	\$	0.00)	
	5c.	Voluntary contributions for retirement plans	50	C.	\$	(0.00		\$	0.00)	
	5d.	Required repayments of retirement fund loans	50	d.	\$	(0.00	1	\$	0.00)	
	5e.	Insurance	56	e.	\$	(0.00		\$	0.00)	
	5f.	Domestic support obligations	5f	f.	\$	(0.00		\$	0.00)	
	5g.	Union dues	50	g.	\$	(0.00)	\$	0.00)	
,	5h.	Other deductions. Specify:	5h	h.+	\$	(0.00	+	\$	0.00)	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	388	5.00		\$	807.00)	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	ĭ	\$	1,626	3.00)	\$ 2	,854.00)	
	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	88	a.	\$	(0.00	1	\$	0.00)	
(8b.	Interest and dividends	81	b.	\$	(0.00		\$	0.00)	
8	8c.	Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	t		-			_			_	
		settlement, and property settlement.		C.	\$_	0.00			\$	0.00		
	8d.	Unemployment compensation	80	d.	\$_	(0.00		\$	0.00)_	
	8e.	Social Security	86	Э.	\$_	(0.00		\$	0.00)	
8	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f	f.	\$	(0.00	i	\$	0.00	1	
8	8g.	Pension or retirement income	- 8g		\$		0.00		\$	0.00		
	8h.	Other monthly income. Specify: p/t driver (1099 income)		h.+	\$	3,163	-	-	T	0.00		
		principle of the second		1				_				
9. /	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	3,163	3.00		\$	0.0	00	
		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$		4,789.00	+ 3	_	2,854.00	= \$ _	7,643.00	
]]	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep			5040 4 1150 000 100 100 100 150 00					0.00	
1	Add Writ	I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies	sult is in Lia	s th	e co lities	mbined mor and Related	nthly d <i>De</i>	inc ita, i	ome. f it 12.	\$	7,643.00	
13. I	Do y	you expect an increase or decrease within the year after you file this form	?							Combi	ined ly income	
1		No.				•						
Į		Yes. Explain: Debtor-Husband has received notice of an overp monthly benefits have been suspended for the n	aym	1ei	nt fr	om social al months.	se	curi	ity. Accor	dingly,	his	